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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/849,758	05/21/2004	Michael L. Fripp	1391-43400

23505
 CONLEY ROSE, P.C.
 P. O. BOX 3267
 HOUSTON, TX 77253-3267

CONFIRMATION NO. 7355

FORMALITIES LETTER



OC000000013277085

Date Mailed: 07/20/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$130 for a Large Entity

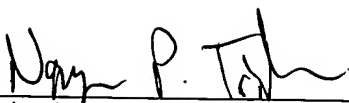
- \$130 Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

08/13/2004 FFANAIA2 00000016 032769 10849758

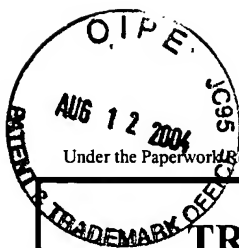
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PART 2 - COPY TO BE RETURNED WITH RESPONSE



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/849,758
		Filing Date	May 20, 2004
		First Named Inventor	Michael L. Fripp
		Art Unit	1745
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	1391-43400

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <i>Copy of Notice to File Missing Parts of Nonprovisional Application dated July 20, 2004 (2 p.); Supplemental Application Data Sheet (4 p.); Declaration (2 p.); and acknowledgment postcard</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Marcella D. Watkins 36,962
Signature	
Date	August 9, 2004

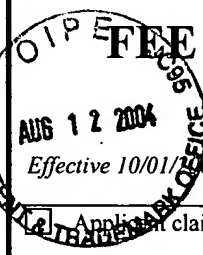
CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or Printed Name	Sandra K. Begley
Signature	
Date	August 9, 2004

132227.01/1391.43400

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2

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<div style="float: left; width: 40%; text-align: left;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2004</h3> <p style="margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <div style="float: right; width: 60%; text-align: right;"> Complete if Known </div>																																																																																																																											
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-2769 Deposit Account Name: Conley Rose, P.C. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account <input checked="" type="checkbox"/> Credit any overpayments		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td><td style="text-align: right;">\$130</td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td style="text-align: right;">\$</td></tr> <tr><td>1053 130</td><td>1053 130</td><td>Non-English specification</td><td style="text-align: right;">\$</td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td style="text-align: right;">\$</td></tr> <tr><td>18042 920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td style="text-align: right;">\$</td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td style="text-align: right;">\$</td></tr> <tr><td>1251 110</td><td>2251 55</td><td>Extension for reply within first month</td><td style="text-align: right;">\$</td></tr> <tr><td>1252 420</td><td>2252 210</td><td>Extension for reply within second month</td><td style="text-align: right;">\$</td></tr> <tr><td>1253 950</td><td>2253 475</td><td>Extension for reply within third month</td><td style="text-align: right;">\$</td></tr> <tr><td>1254 1,480</td><td>2254 740</td><td>Extension for reply within fourth month</td><td style="text-align: right;">\$</td></tr> <tr><td>1255 2,010</td><td>2255 1,005</td><td>Extension for reply within fifth month</td><td style="text-align: right;">\$</td></tr> <tr><td>1401 330</td><td>2401 165</td><td>Notice of Appeal</td><td style="text-align: right;">\$</td></tr> <tr><td>1402 330</td><td>2402 165</td><td>Filing a brief in support of an appeal</td><td style="text-align: right;">\$</td></tr> <tr><td>1403 280</td><td>2403 140</td><td>Request for oral hearing</td><td style="text-align: right;">\$</td></tr> <tr><td>1451 1,510</td><td>1452 1,510</td><td>Petition to institute a public use proceeding</td><td style="text-align: right;">\$</td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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Name (Print/Type) Marcella D. Watkins		Registration No. (Attorney/Agent) 36,962																																																																																																																									
Signature		Telephone (713) 238-8000																																																																																																																									
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